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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USFTO (574) 773-2885, on the date indicated below. Siemens Corporation Attn: Elsa Keller, Legal Administrator MAR 1 0 2008 Intellectual Property Department West 170 Wood Avenue South Raque (Depositor's name) Iselin, NJ 08830 RADEMAR (Signature 2008 (Date) Mar¢h FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE APPLICATION NO. 2003P17999US 1750 Dimitre Hristov Hristov 03/09/2004 10/796,733 TITLE OF INVENTION: TIME-BASED SYSTEM TO LINK PERIODIC X-RAY IMAGES TOTAL FEE(S) DUE DATE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE ISSUE FEE DUE SMALL ENTITY APPLN. TYPE 03/10/2008 \$1740 \$300 nonprovisional NO \$1440 03/11/2008 MGEBREM2 00000071 192179 10796733 EXAMINER ART UNIT **CLASS-SUBCLASS** 01 FC:1501 1440.00 DA 382-131000 TABATABAI, ABOLFAZL 2624 HIL ISO "BRC 2. For printing on the patent front page, list Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. . 4 -> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Siemens Medical Solutions USA, Inc. Malvern, PA Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. S Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the remured (ce(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2176 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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